Adult Intake Form

Name: _____

Address: _____

_____

_____

Primary Phone: _____May we leave message? Yes/No

Alternate Phone: _____May we leave message? Yes/No

Email Address: _____

Preferred form of contact: Phone/Email

Birthdate: _____ Sex: ____ Handedness: _____

Marital Status: _____ College Graduate? _____

Occupation: _____ Full Time?_____

Are you adopted? _____ Are you a twin? _____

Children's names and ages: _____

_____

_____

_____

Other significant family members:

_____

_____

_____

Referred by: _____

Presenting problem (or reason you came here): _____

_____

_____

_____

Does anyone else in your family have this problem or similar behavior?

_____

_____

_____

Did you have any childhood surgery? _____

_____

Any other hospitalization? _____

_____

Do you currently have any medical conditions? _____

_____

Medications currently taken:	Name of doctor who prescribes:
_____	_____
_____	_____
_____	_____

Please list any known disabilities or school problems: _____

_____

_____

_____

Place a check if you suffer from any of the following. If a family member has the condition, please specify your relationship (e.g. sister, husband):

	Me	Family member
Seizures	____	_____
Depression	____	_____
Head injury	____	_____
Anxiety	____	_____
Tics or Spasms	____	_____
Thyroid problems	____	_____
Psychiatric Illness	____	_____
Asthma	____	_____
Diabetes	____	_____

Chemical dependency ____ _____
Have you been through a recovery program for chemical dependency? _____
How often do you smoke cigarettes? _____

How often do you drink alcohol? _____

How much coffee do you drink? _____

Do you use drugs recreationally? If so, what type and how often? _____

_____

Please list any unusual or traumatic events in your life, and the age at which they occurred:

_____

_____

_____

_____

_____

Have you or anyone in your family ever been in trouble with the law? _____

_____

Please use this space to tell us about anything else that is important to know about you:

_____

_____

_____

_____

_____

_____